CCL. 035 Rev. 3/2020

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax: (785) 559-4244
Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS **GROUP OF CHILDREN TO ONE LOCATION**

Name of Facility (exactly as state	License #				
Street Address of Facility	City	Zip	Code	County	
Children or Youth listed below may	go on an off-premise	trip to:			
Located at:Street					_
Street on		City		County	
on(MM/DD/YYYY)	_				
Time of Departure:	Estima	ated Time of Return	າ:		
Children or Youth will be traveling l	by:	Vehicle	Wall	king	
Children or Youth will be supervise	ed at all times by the fo	ollowing staff:			
Staff Name		_ Staff Name _		Last	_
First Staff NameFirst	Last	Staff Name	First	Last	
First	Last		First	Last	
FIRST AND LAST NAME OF (CHILD OR VOLITH			SIGNATURE GRANTING Ide First and Last Name)	
TINOT AND EAST NAME OF	SHIED ON TOOTH	I EKWIOOI		de i list and Last Name)	